DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES 45th 9/30/17 / 70th 10/25/17

PRINTED: 08/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445382	A. BUILDING ____ B. WING ____	08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIGEON FORGE CARE & REHAB CENTER	415 COLE DRIVE PIGEON FORGE, TN 37863

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 356 SS=C	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law) (C) Certified nurse aides. (iv) Resident census. (2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. (3) Public access to posted nurse staffing data.	F 356	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Pigeon Forge Care and Rehabilitation does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." F356 1. Residents present in the facility on 8/14/17 had the potential to be affected by the alleged deficient practice. The deficient practice was corrected on 8/14/17 when the staffing information was posted in the lobby. 2. All residents in the facility on 8/14/17 had the potential to be affected by the alleged deficient practice. On 8/14/17 the staffing information was posted in the lobby for all residents. 3. The staffing coordinator and the night nurses will be re-educated on the Staffing Posting Policy by 9/14/17.	9/15/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 8/31/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 356	Continued From page 1 The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on review of the facility's Daily Staffing Form, observation, and interview, the facility failed to post daily staffing information. The findings included: Review of the facility's Daily Staffing Form revealed "...Nursing Staffing Directly Responsible for Resident Care...Daily Posting of this information is required for nursing homes participating in Medicare and Medicaid." Observation on 8/14/17 at 8:30 AM, revealed the staffing information posted was dated 8/12/17. Observation and interview with the Administrator, in the facility lobby, on 8/14/17 at 9:00 AM, confirmed the staffing information had not been posted since 8/12/17.	F 356	4. DON or designee will audit 5x weekly x 4 weeks, weekly x 8 weeks and then monthly x3 months to ensure the deficient practice does not recur. Results will be discussed at the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations and/or suggestions and follow up as needed The QAPI committee consists of but not limited to the Administrator, Director of Nursing, Medical Director, Nutritional Services, and Medical Records. All members are invited to attend monthly QAPI Committee meetings. Compliance Date 9/15/17	
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State	F 431		9/15/17

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F 431	Continued From page 2 law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of	F 431	F431 1. The expired medication was removed from the refrigerator on 8/14/17 and the facility disposed of the expired medication. 2. No other residents had the potential to be affected by the deficient practice. The medication was resident specific and the order for the medication had already completed. The refrigerators were checked on 8/14/17 and no other expired medications were identified. 3. Nurse Administration and Nurses will be re-educated on medication storage and where to locate medications awaiting drug destruction using the Storage of Medications and Disposal of Medications Policies by 9/14/17. 4. ADONs will audit the medication carts and refrigerators 5x weekly x 4 weeks, weekly x 8 weeks and then monthly x3 months to ensure the deficient practice does not recur. Results will be discussed at the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations and/or suggestions and follow up as needed The QAPI committee consists of but not limited to the Administrator, Director of Nursing, Medical Director, Nutritional Services, and Medical Records. All members are invited to attend monthly QAPI Committee meetings. Compliance Date 9/15/17	

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F 431	Continued From page 3 controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to dispose of expired medications in 2 of 2 medication rooms. The findings included: Review of the facility policy Disposal of Medications, Syringes and Needles, reviewed 10/07, revealed "...Medications awaiting disposal or return are stored in a locked secure area designated for that purpose until destroyed or picked up by the pharmacy staff..." Observation on 8/14/17 at 9:40 AM of the A hall medication room, with Registered Nurse (RN) #1 revealed the following expired medications in the medication refrigerator: 1. Vancomycin (antibiotic) suspension 50 mg. (milligrams) per ml (milliliter). 3 oz. (ounces) expired 7/6/17. 2. Vancomycin suspension 50 mg. per ml, 2 oz., expired 6/22/17. 3. Vancomycin suspension 50 mg. per ml, 2oz, expired 6/29/17. 4. Vancomycin suspension 50 mg. per ml, 3 oz., expired 7/13/17. 5. Vancomycin suspension 50 mg. per ml, 3 oz, expired 8/7/17. 6. Vancomycin suspension 50 mg. per ml, 1 oz. expired 8/13/17. 7. Tobramycin sulfate (antibiotic) 80 mg. in Sodium Chloride 0.9% (intravenous fluid) 102 ml expired 7/6/17. Interview with RN #1 on 8/14/17, at 9:40 AM, in	F 431		

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F 431	Continued From page 4 the A wing medication room, confirmed the 7 listed medications had expired. Observation on 8/14/17 at 9:50 AM of the B hall medication room refrigerator, with Licensed Practical Nurse (LPN) #1 revealed Vancomycin suspension 50mg per ml 3.5 oz. expired on 8/6/17 in the medication refrigerator. Interview with LPN #1 on 8/14/17 at 9:50 AM, in the B wing medication room, confirmed the Vancomycin suspension had expired. Interview with the Director of Nursing on 8/16/17 at 8:05 AM, in the conference room, confirmed expired medications were to be removed and placed in a bin in the medication room for disposal.	F 431		